

c.—THERAPEUTICS OF THE NERVOUS SYSTEM AND MIND.

THE TREATMENT OF EPILEPSY.—The following are the closing paragraphs of a clinical lecture, by Dr. E. C. Seguin, in the *Philadelphia Med. Times*, June 5, 1880:

"The remainder of my hour I shall devote to an exposition of the treatment to which I usually resort in epilepsy. It is in general a routine treatment, and yet it is also as rational as I can make it. In the first place I use only one formula, in order that I may keep an exact record of the quantity of the bromides that is taken in each case that comes under my care. This gives me a standard for all, and enables me to compare readily the quantity of bromides taken by different patients. My first solution is the following:

℞ Ammonii Bromidi,	℥ ss
Potassii Bromidi,	℥ i.
Aquæ,	f. ℥ vii. M.

"The result of my experience shows that simple water is best for our bromide solutions. I never employ any elixirs or syrups, for patients soon tire of them, and as a rule, greatly prefer the saltish taste to salt mixed with sweet. In my second solution I substitute bromide of sodium for bromide of potassium, as it seems to suit some patients better than the latter. In my third solution, which I have used during the past two years only, I substitute chloral for bromide of ammonium in the above, and this prescription I find is excellent for a certain class of cases. Allowing seven teaspoonfuls to the ounce, it is seen that in the first mixture, one teaspoonful contains ten grains of bromide of potassium and five grains of bromide of ammonium; in the second, ten grains of bromide of sodium and five grains of bromide of ammonium; and in the third ten grains of bromide of potassium or sodium and five grains of chloral: that is, in every instance, one teaspoonful of the mixture contains fifteen grains of "anti-epileptic." It is generally necessary to produce mild bromism; but severe bromism is very injurious. It is always a delicate matter to steer between the two extremes of too little and too much bromide, and it ordinarily takes me from one to three months to fix upon the proper dose in any given case. Hence I invariably refuse to treat out-of-town patients for epilepsy unless they consent to remain in New York for at least a month after the treatment has commenced. You will find the most marked difference in individuals in regard to the toleration of the bromides. Thus, in a lady whose case I now recall, thirty grains a day produced a most profound effect; while, on the other hand, I have known a baby, only a few months old, to take seventy grains a day and yet exhibit no signs of bromism. At present there is a gentleman under my care who is taking one hundred and sixty grains of bromides in the twenty-four hours without the slightest inconvenience. In order to determine the effect of the bromides, we must observe (1) whether the intellectual faculties show a tendency to become sluggish and dull, and (2) whether the muscles have lost tone, which produces a change in the physiognomy. A delicate test of bromism is that discovered by Voisin, viz., the

necessary that the quantity should exceed 5 centigrams per kilogram's weight of the animal. The muscles preserve their normal excitability; as regards the motor nerves, although their action on the muscles is much diminished I have never been able to prove its complete abolition.

It appears, therefore, that the complete absence of reflex or spontaneous movements is due rather to the suppression of the functions of the cord than to the loss of the motor functions of the nerves and their terminal motor plates. The animal is, therefore, in a condition analogous to that of one under the influence of alcohol or chloral. Strychnia, thus, in large doses acts like curare and a little like chloral.

Unfortunately we cannot admit that artificial respiration is a heroic method of counteracting the effects of strychnia poisoning. In fact, the smaller the dose becomes by elimination, the more pronounced are the cardiac accidents (arrest and syncope), and death occurs from stoppage of the heart. Nevertheless as prolongation of life, if only for a few hours, is a capital indication, I am of the opinion that in serious cases of strychnia poisoning it will be absolutely necessary to have recourse to artificial respiration, and with tracheotomy to render it possible to make it the more effective.

These phenomena are best produced with monochlorated strychnia, the physiological study of which best affords a knowledge of the mode of action of the drug. I shall shortly return to the subject.

The following are some of the recent articles on the Therapeutics of the Nervous System and Mind:

RIDENOUR, Chloral Hydrate in Traumatic Inflammation of the Brain, *Toledo Med. and Surg. Journal*, June.—RUSSELL, What shall be done with the Inebriate? *Alienist and Neurologist*, July.—WILSON, Anæsthesia by Ethyl Bromide (Summary), *Med. and Surg. Rep.*, Aug. 7.—OLIVER, Blood-letting in Puerperal Convulsions, *Proc. Med. Soc. Co. of Kings*, Aug.—GRAY, On the Treatment of Certain Cases of Insanity, *Ibid.*—CLARK, The Treatment of Puerperal Eclampsia by Morphine, *Am. Jour. of Obst.*, July.—SMITH, Convulsions in Children, *Ibid.*—ZANGRILLI, Note on the Treatment of Eclampsia, *Gazz. Med. di Roma*, Aug. 1.—DRESCHFELD, On the Application of the Electro-Magnet for the Cure of Anæsthesia, *Brit. Med. Jour.*, Aug. 7.—POOLEY, Nerve Stretching, *N. Y. Med. Record*, Aug. 14.—CHANNING, The use of Mechanical Restraint in Insane Hospitals, *Boston Med. and Surg. Jour.*, Aug. 19.—SMITH, Galvanism in the Treatment of Puerperal Convulsions, Traumatic Injuries, and other Painful Conditions, *Gaillard's Med. Jour.*, Aug.—WALLER, The Early Avoidance of Writer's Cramp, *Practitioner*, August.
